MULTIPLE DE~~PEND~~ENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/531684	04/16/05

APPLICANT(S)

05/03/08   **CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 1st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1					54						
5		1		1			55						
6	1		1				56						
7		1					57						
8		1		1			58						
9		1					59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1					63						
14		1					64						
15		2		2			65						
16		18		10			66						
17		18		10			67						
18		18					68						
19				10			69						
20							70						
21							71						
22							72						
23							73						
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26							76						
27							77						
28							78						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	44		44				TOTAL DEP.						
TOTAL CLAIMS	46		46				TOTAL CLAIMS						